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WALTON COUNTY AGRICULTURAL HEALTH ASSOCIATION
AN EXPERIMENT IN RURAL HEALTH
GEORGIA, 1942-43

By Olen E. Leonard
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Background

It is axiomatic that health, to a considerable extent, may be purchased. It is equally true that modern medical care is adequately available only to those who can afford to pay for it. As a result of these facts, one necessarily must conclude that large numbers of persons each year endure long periods of serious illness, tolerate amendable physical and mental handicaps, and even die avoidable deaths because of insufficient funds to secure proper medical attention.

Inadequate and deficient medical care is pronounced in rural United States. 1/ Physicians, hospitals, and other medical services are generally in the towns, many miles from farm homes. In only a few areas do farm families live compactly enough so that distance from health services and facilities is not distinctly disadvantageous. Widely scattered farmsteads make calls from professional medical people so expensive as to be beyond the means of many needy families unless accident or obviously grave illness forces the family to forget the debt that may be involved in bringing in scientific medical care. The delay may have serious consequences. As a leading physician in the field of public health has observed, "... too often low income families have waited until illness became serious to the point of debilitation of the patient before obtaining medical aid." 2/

The problem of rural health in the agricultural Southeast is certainly as great as in any other region of comparable size in this country. Approximately 67 percent of all farms in the southeastern region reporting in the

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1/ In 1940 the Farm Security Administration examined 11,497 farm persons in 17 states. The results showed an average number of defects of 3.5 per person. One or more decayed teeth were found for 69 percent of all persons examined; 28 percent of the whites and 17 percent of the Negroes had defective vision in both eyes; 55 percent of the whites and 62 percent of the Negroes had diseased tonsils; 9 percent of white heads of households had a hernia; second and third degree perineal tears were discovered in 39 percent of all Negro wives and in 42 percent of all white wives, etc. See Harold F. Dorn, "Rural Health and Public Health Programs," Rural Sociology, Vol. 7, No. 1, March 1942.

2/ R. C. Williams, M.D., "Development of Medical Care Plans for Low Income Farm Families," American Journal of Public Health, Vol. 30, No. 7, July 1940.

Agricultural Census of 1940 had total incomes of less than $600. The percentage varied from a low of 54.6 percent of all farmers in South Carolina to a high of 76.1 percent of all farmers in Alabama. 3/ Although cash income from small southeastern farmers is now (1943) somewhat higher than those recorded by the Agricultural Census of 1940, it is doubtful that the number of farmers reporting a total value of products sold, traded, and used in 1939 as less than $600 has decreased substantially during the war period. Obviously, this income allows little money for medical care after farm expenses are subtracted and, very probably, the result divided somewhat equally between landlord and tenant.

It is evident that the normal medical needs of a family cannot be met on such a limited cash budget. All of a family income cannot be spent for medical care. There are always the other essentials of food, clothing, and lodging. On budgets such as prevail in Walton County, Ga., four courses in regard to medical care are open. They are: (1) Do without proper medical care, (2) Go into debt to pay for it, (3) Receive subsidized or free medical care, or (4) Pool the resources and risks of a large number of families in such a way that those who need medical attention can receive it through a common fund.

Recently Organized Experiments in Improving Rural Health

The Farm Security Administration has been struggling during the last few years with the problem of bringing adequate medical care to large numbers of low income farm families over the country. Programs have been developed not only as humanitarian measures to improve rural health but also to protect the Government's cash investments in the families. After considerable experience, it has been found that good health is closely associated with a family's ability to repay a loan. In fact, study of a sample of FSA borrower families has revealed that "50 percent of 'failure' cases are directly traceable to 'bad health.'" 4/

After approximately 7 years of experimenting with a plan of medical care for borrower families, the FSA scheme has become fairly well standardized. All plans are worked out with the State and county medical societies. As an observer has expressed it, "A local group of doctors, of their own accord, and a local group of citizens, of their own accord, work together; one to supply medical care when it is needed, the other to prepay, within their ability, a uniform sum of money each month whether or not medical care is required." 5/

3/ Southeastern region as here used includes South Carolina, Georgia, Florida, Alabama, and Mississippi.

4/ R. C. Williams, op. cit.

5/ Richard Hellman, "The Farmers Try Group Medicine," Harpers Magazine, December 1, 1940.

Participating families pay an annual fee. Such money is placed in a common fund and drawn upon as needed. As a rule, each member family obtains ordinary medical care, obstetrical care, emergency surgical care, some hospitalization, and ordinary drugs. At present (1941) more than 104,000 families including about 550,000 individuals are participating in the plan." 6/

General acceptance and success of the Farm Security medical program for borrower families induced officials of the U. S. Department of Agriculture to sponsor a similar type of program for all farm families in a few selected counties, widely scattered over the United States. One of these is Walton County, Ga. 7/ Under the sponsorship and guidance of local agricultural agencies, farm organizations, and certain professional people, the program, after a year's operation, is caring for practically all medical needs of almost 900 families.

Reasons for Studying This Experiment

In the study here reported, an attempt was made to find both sound features and weaknesses and to record them in such a way that they can be used when the existing associations are improved as well as in guiding similar programs should they develop in the future. 8/

Area of the Experiment

General - Walton County is a little north of central Georgia, in the Cotton Piedmont. It is 45 miles almost directly east of Atlanta on Federal Highway No. 78. To a remarkable extent the county is representative of a large part of the Cotton South - an area usually characterized by large families, low farm incomes, small farms, and a high percentage of farm tenancy. It is different, however, in that its income per farm is higher, its soil somewhat more fertile, and its general crop production per unit considerably larger than the Piedmont average.

6/ See Dorn, op. cit, p. 31.

7/ Besides the county being analyzed in this report, the following associations began operation between July 1 and November 1, 1942: Cass and Wheeler County, Tex.; Hamilton County, Neb.; Nevada County, Ark.; and Newton County, Miss. A seventh association, located in Taos County, N. Mex., has been analyzed and a report has been published.

8/ The study was headed by Douglas Ensminger.

Walton County is part of an area frequently called the red-clay hill region of the South. The topography of the County varies from undulating or gently rolling to rolling, to steep and broken. Sheet and gully erosion have reduced the fertility of the county's soils although progressive farming practices on the part of many farmers have substantially retarded erosion in the county during the last decade.

Type of Farming - Cotton is the main cash crop. During the last 10 years, the Cooperative Extension Service and the local farm organizations have been sponsoring a one-variety cotton program. Its success plus comparatively superior farming practices has enabled the county to achieve the enviable position of agricultural leadership in the Cotton Piedmont. Largely because of it, fewer than 40 percent of the farm families in the county reported gross incomes of less than $600 from products sold, traded, and used in 1939 - the only county in the Piedmont in which this was true.

Despite the record for cotton production, other crops have competed seriously within recent years. Among the more important of these are sweetpotatoes, white potatoes, and hay crops. Production of white potatoes in the county increased from 83 acres in 1934 to more than 270 in 1939.

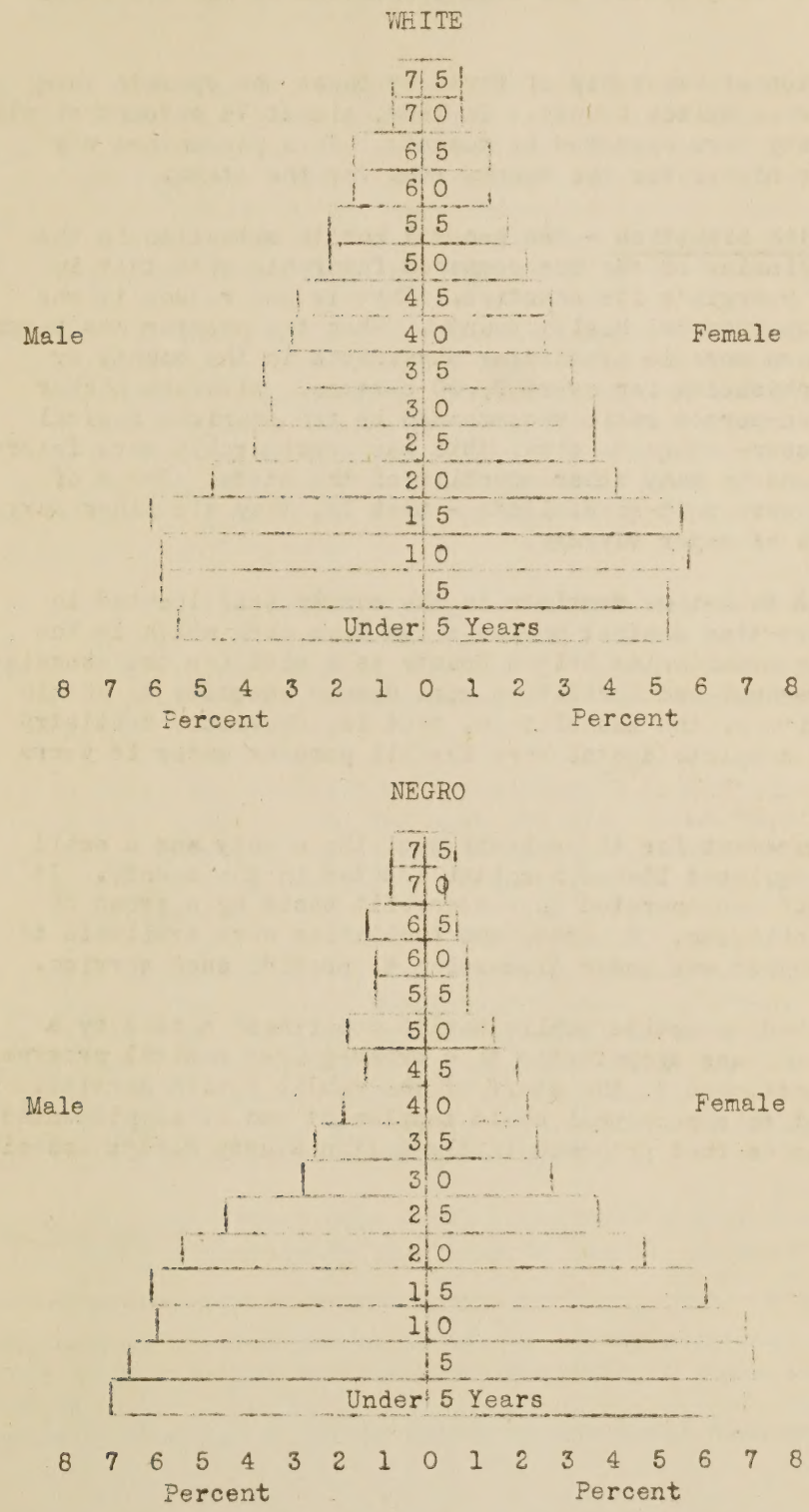
Composition of the Population - Like the rural South generally, Walton County has contributed its share to the steadily flowing stream of migration away from southern farms. Despite a relatively high birth rate, the county as a whole contained fewer people in 1940 than in 1930. The rural-farm population, with a still higher birth rate, decreased 11.1 percent during the same period. 9/ This percentage is still greater if the surplus of births over deaths is taken into consideration.

It is generally known that those persons who migrate from rural areas are predominantly in the younger or more productive age groups. The resulting distribution puts a heavy burden upon the working population. If the number of persons in dependent age groups (under 20) in Walton County and the United States is divided by the number in the productive or working ages (20-65), resulting ratios are 98.3 persons in Walton County and 84.2 persons for the United States. In other words, every 100 persons of working age in Walton County has 14 more persons to support than is true of those of working age in the United States as a whole.

This disparity is even more marked for the Negro than for the white population. This is shown graphically in figure 1 where the ages of both the white and Negro populations are plotted by 5-year age intervals.

9/ A widely used index of fertility is the ratio of children under 5 to the number of women 20-44. Such a ratio was 576 for Walton County in 1940, considerably more than the 440 necessary for replacement.

Figure I - Age and Sex Composition of the White and Negro Rural Farm Populations of Walton County, Georgia (Census 1940)



Slightly more than one-third of the county's rural-farm population was Negro in 1940, almost the same proportion as for the State as a whole.

The proportion of ownership of farms by those who operate them is relatively low in Walton County. In 1939, almost 74 percent of all farms in the county were operated by tenants. This percentage was almost 14 percent higher for the county than for the State.

General Health Situation - The general health situation in the county at the beginning of the war compared favorable with that in all but a few of Georgia's 159 counties. That is one reason it was selected as an experimental health county. When the program was begun late in 1942, there were 10 practicing physicians in the county or approximately 1 physician for every 2,000 persons. Although higher than the physician-person ratio recommended by the American Medical Association to assure adequate care, this was considerably more favorable than was found in many other counties of the State. Three of these physicians were part-specialists - that is, they did minor surgery and limited types of major surgery.

There were 3 full-time dentists in the county (all located in Monroe) and 1 part-time dentist worked a few days each month in the county. Thus, in considering Walton County as a site for the association, dental personnel and facilities were deemed adequate to obtain the major objective of the Association, that is, emergency dentistry for everyone and complete dental care for all persons under 16 years of age.

Another inducement for the selection of the county was a small but fairly well equipped 16-bed hospital located in the county. It was publicly owned and operated on a nonprofit basis by a group of public-spirited citizens. No space and facilities were available to Negroes but a project was under discussion to provide such service.

The county had an active public health department headed by a young physician who was sympathetic to a broad-gauged medical program. Two nurses were attached to the staff of the Public Health Service. It was believed that this personnel could supplement and be supplemented by such a program as that proposed in the Walton County Health Association.

Initiation and Early Development of the Program

Initiation - During the summer of 1941, Land Use Planning Committees 10/ over the Nation were asked by the Secretary of Agriculture to make recommendations as to what was needed to help farmers meet the impacts of war. Recommendations of the Georgia State Committee were based on recommendations of county committees. The committee for Walton County recommended then a program be considered to help enable farm families to receive adequate medical care.

On December 4, 1941, a meeting of representatives of the Southeast Post-Defense Planning Committee (later changed to Postwar Planning Committee) was called in Montgomery, Ala. The purpose was to select the states in the Southeast region in which the experimental Health Program would be offered to the State Agricultural Planning Committee. Alabama, Georgia, Mississippi, and South Carolina were selected. The experiment failed to develop in South Carolina and Alabama but developed in both Mississippi and Georgia.

Plans for a complete medical program for farm families were presented at Athens, Ga., on December 16, 1941, for consideration by the State Agricultural Planning Committee. After discussion, the plan was adopted and Walton was selected as the county in which it would operate.

Early in 1942, agricultural agency personnel in Walton County were informed that their county had been selected to initiate the program providing this was acceptable to county leaders. An attempt was immediately made to learn the attitudes of local medical personnel and agricultural leaders.

The county agent for Walton County, F. H. Shore, took the initiative in explaining the proposed experimental health program. On January 22, he called a meeting of the technical workers of the County Agricultural Planning Committee to discuss the plan. At the end of the meeting the group recommended that the program be presented to the committee as a whole. Later the County Agricultural Planning Committee voted unanimously to sponsor the program. 11/

Program Delayed - Plans were still indefinite during the early part of 1942 but some publicity was begun in March. On March 13, 1942,

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10/ Committees of farmers and agricultural agency personnel established to promote the agricultural interests of their individual counties.

11/ Minutes of meeting of Walton County Agricultural Planning Committee.

the county paper (Tribune) announced that the Health Program was being sponsored by the Walton County Agricultural Program Planning Committee and urged each farm family to join. An article appearing on March 27 urged all farmers who wanted to join to have their applications "in the hands of the county agent by April 1." Apparently little publicity was given to the program before this time. But interest in the program lagged somewhat thereafter. It was not mentioned in the paper again until August 14, 1942, when an article on the front page stated that "the Board of Directors has placed everything in readiness to start the medical Health Demonstration Program just as soon as 1,250 families sign.....". Memberships were somewhat short of this goal but the program began operation on November 1, 1942.

Sponsorship in County

Under the sponsorship of an enthusiastic county agent, support for the program from medical people and county leaders grew rapidly. The county Farm Bureau actively supported the health association and heads of community Farm Bureau units were appointed to the first board of directors. These leaders, assisted by the county agent, held numerous community meetings to discuss the program with farmers. They spent an immeasurable amount of time going from house to house explaining the program and assisting families to fill out applications.

Civic-minded leaders, farmers and businessmen, were asked to support the program and did so as a general rule. The hospital committee, realizing the advantages that would accrue to their own program, began campaigning for a larger hospital. Physicians, dentists, druggists, and the county health office's staff agreed to cooperate with the health association. Physicians of the county signed a statement which was given publicity in the local paper as follows: "The doctors of Walton County wish to advise our farmer friends to join the Walton County Farm Health Program ... This program is a great opportunity to Walton farmers and we urge you to join. Talk over the program with H. H.Shore or your family doctor. Both white and colored farmers are eligible to join."

Objectives of Program - The broad objectives of the Walton County Agricultural Health program were summarized in a brief statement by the FSA chief medical officer that "This program will mean that the farm families participating in Walton County will receive more adequate medical services and facilities than they have ever received before. Payments by the families for their services will be more nearly in line with their ability --- the professional groups rendering services will receive adequate compensation on a regular cash basis. The economies in connection with the provisions of medical

care for the farmers participating will be largely removed. The medical services in the county will be increased." 12/

Services Offered

Medical-care services to be provided member families are summarized as follows:

I. General practioner care

1. Office, home, and hospital calls
2. Ordinary medical, minor surgical, and obstetrical care
3. Necessary medicines and dressings
4. Health examinations
5. Routine laboratory tests of urine and blood
6. Consultations when deemed advisable by physicians

II. To be provided by Public Health Service

1. Immunizations
2. Treatments for venereal disease
3. Clinics for prenatal and postnatal care
4. Tests for tuberculosis and venereal disease

III. Drugs

1. All except a few more expensive

IV. Surgeon and Specialist

1. Major surgery performed in all emergency cases; any other must be approved by family physician.
2. Surgery and specialist care to be provided without restriction for children under 18 years of age.
3. No care to be provided for institutional cases of tuberculosis, mental disease, and orthopedic surgery that can be provided through crippled children's program.

V. Dental care

1. Most important - relief of pain and eradication of infection through extractions, scaling, soft-tissue treatments for all ages.

12/ From files of manager of Association in Monroe, Ga.

2. A long-range program of prevention and control with emphasis upon children 3 to 16 years old.
3. After (1) and (2) have been carried on with intensive dental-health education for a while, the age limit may be raised to 18.
4. Amalgam and porcelain fillings to be provided for adults when recommended by family dentist.
5. Beyond the scope of the program are: gold inlays, bridge work, plates, etc.

VI. Hospitalization

1. The principal basic protection in the form of ward care for all. Those able are to pay the difference for more expensive accommodations.
2. Not more than 14 days hospitalization per person per year.
3. Use of operating room and delivery room (including all nursing ordinarily furnished ward patients by the hospital) and routine laboratory examinations.
4. Special diagnostic and therapeutic procedures such as X-ray and blood transfusion.

Membership Fees

Rates for membership were set at $6 per family per year or 6 percent of the families' net income whichever was greater, the maximum fee for any one family to be $50. It was "contemplated" that the average family contribution would be $11.25, based on a preliminary inventory of applications, and that the Government would add $38.75 making a total of $50 per family. For each family membership the $50 was divided as follows:

Physician	$ 17
Surgeon-Specialist	6
Hospital	10
Drugs	4
Dentist	6
Nurse	3
Administration (Manager's salary, stationery, etc.)	4
Total	$ 50

Allocation of Funds and Provision for Payment

The fund for each of the services was divided into 12 equal parts, one part available for each month of the year. If the bills for services rendered by any group were equal to or less than that month's allotment they were paid in full. If the bills exceeded the amount available they were prorated, and were paid on a percentage basis. All unpaid bills due at the end of the 12-month period were cancelled. Rates for each type of service were agreed upon between the association and participating professional people.

The allotment for nurses was used to employ two on a full-time basis. These nurses, instead of limiting their services to member families of the association, were added to the staff of the County Public Health Service. It was the general concensus of county leaders that not only the best health interests of the association would be served in this way but those of the entire county as well.

Organizational Structure and Function of Association

Management - Board of Directors - Authority for the management of the Walton County Agricultural Health Association is vested in a Board of Directors elected by the members. 13/ Each of the members is considered by agricultural-agency representatives to be leaders in the county--opinions well substantiated by membership representation on farmer organization in the county. Arranged in tabular form their memberships are as indicated in table 1:

13/ Actually the original Board of Directors was appointed by the County Agricultural Planning Committee and have since been reappointed for another term of office by a general meeting of the associational membership.

Table 1. - Agricultural organization participation of 5-member of Board of Directors of Walton County

Organization (Excluding association)	1		2		3		4		5	
	Member only	Hold office	Member only	Hold office	Member only	Hold office	Member only	Hold office	Member only	Hold office
Program Planning Committee	1				1				1	
Farm Bureau		1		1				1		
FSA Committee						1				
AAA Committee								1		
Soil Conservation Committee								1		
School								1		
War Board								1		

That, as a group, they are not representative of the different agricultural groups in the county is evidenced by the fact that each of the five is a farm owner although one is an FSA tenant-purchase client. Three of the five were 35 years of age or younger; the other two were 48 and 50. Frequent contacts with each of the directors, which included visits to their homes, indicated that they were further above the general operator level in the county as to formal education attained, income, property held, and level of living.

A selection of such men for help in initiating the association might have been expected. All were capable, had the support of the general population, and could be trusted to give support in terms of time to overcome the initial inertia or opposition to the program. Retaining this same group in the second year of the life of the association must be explained on other grounds.

The Manager - The manager of the association is appointed by and is under the general supervision of the Board of Directors. He is directly responsible in the accounting for and expending of funds. As he works full time on the program and so has an understanding of the association, he gives direction to the program and handles all relations work of the association. Full-time jobs elsewhere prevent the Board of Directors from doing but little more than keeping abreast of major developments of the association.

The Manager, for a number of years, had been a bank clerk; after that, he was a partner in an auto-financing firm. This experience qualified him to do an efficient job in handling the funds of the association. His long experience in meeting and dealing with the

public had aided in promoting public relations work, especially among the professional groups connected with the association. His major weakness, perhaps, is a lack of experience in dealing with farm folk, but, fortunately, he has recognized this and has depended heavily upon the county agent for advice and support.

Members and Membership - Eligibility - To be eligible for membership in the Walton County Agricultural Health Association, it is necessary only that one derive the major part of his income from farming or farm work. This includes a wide range in type of membership but, as is pointed out in more detail later, the membership is fairly heavily concentrated in a few categories.

Composition - Color has been no bar to membership in the association. The general attitude in the county seems to be that expressed by several white farmers that "colored folks get sick, same as whites." However, the proportional representation of the Negroes in the association is somewhat less than the whites (table 2). For several reasons, white farmer membership has been proportionately greater since the association was formed.

Table 2. - Representativeness of association families of the county (rural farm)

Area	Tenure status					
	Total		Owners		Tenants	
	Number	Percent	Number	Percent	Number	Percent
County	2,281	100.0	595	26.1	1,686	73.9
Sample	89	100.0	25	28.0	64	71.9
	Race					
	Total		White		Negro	
	Number	Percent	Number	Percent	Number	Percent
County	2,281	100.0	1,378	60.4	903	39.6
Sample	89	100.0	76	85.4	13	14.6
	Size of household					
	Total		White		Negro	
	Number		Number		Number	
County	5.8		6.2		5.0	
Sample	5.2		4.9		7.0	

Although 40 percent of the farms in Walton County are operated by Negro families, only 15 percent of these families belonged to the association during its first year. 14/ Viewed from another angle, 83 percent of the families belonging to the association were white families although white operators comprise only 60 percent of all operator families in the county. Representation among the tenure groups of the county shows greater balance: 26 percent of the county's 2,281 farm operators were owners and 28 percent of the association's family memberships were held by owners.

But this is only part of the picture. Among all tenure groups there seems to be a concentration among the smaller operators. Average size of farm for county (1939 census) was 83.8 acres while the average size of farm operated by members of the association was 76.6 acres (table 3). This concentration is more obvious if both the farms of the county and those sampled in this study are broken down into categories as in table 4. While 27.8 percent of all farms in the county contained 100 acres or more, only 23.9 percent of the sample farms contained 100 acres or more.

Participation - Members - As yet, the members of the association have participated but little in the development of the association. It has come to the farmers of the county pretty much "ready made" with little opportunity on the part of the members to adjust it in accordance with their idea of need. It is regarded by the farmers as a program for health handed down to them by the "Government," with no provision for changes they might want to suggest.

By and large, contacts between members and the association have been limited to those involved in applying for and receiving membership. Plans for operating the association as a true cooperative have never developed and probably will have little chance to do so without some considerable change in present operational procedure. The Board of Directors, now serving a second term, was appointed, and no general election by member voting has yet been held. Sources of information regarding the program for member families have been mainly limited to the early community meetings held during membership drives and to infrequent and brief articles that have appeared in the county newspaper. Some idea may be gained of the members' lack of knowledge of the organization from answers to specific questions asked of 89 members, questioned individually. They were asked, "Do you know the manager of the association?" Only 32 members or 36 percent of those interviewed knew who he was (table 12). No meetings have been held to discuss the program.

14/ Figures for membership based on 10-percent random sample of associational family membership.

Table 3. - Comparison of county and sample families by size of farm and net income

	Number of families	Size of farm	Net income
County	2,842	83.8	$645.75 1/
Sample	89	76.6	196.93 2/

1/ For 1939
2/ For 1941

Table 4. - Comparison of county and sample figures for size in acres of farm operated

Size farm in acres	County		Sample	
	Number of farms	Percent of total	Number of farms	Percent of total
Under 30	332	14.1	13	14.8
30 - 49	425	18.6	22	25.0
50 - 69	479	21.0	18	20.4
70 - 99	422	18.5	14	15.9
100 - 139	347	15.1	13	14.8
140 - 179	137	6.0	3	3.4
180 - over	154	6.7	5	5.7
Total	2,286		88 1/	

1/ No information for one family.

Professional groups - The cooperating professional groups have acquired an adequate working knowledge of the association. The necessity for this developed early. Before the association could begin operations, each professional group was asked to prepare a statement embodying terms upon the basis of which they could cooperate with the association. Each of the professional groups has been given to understand that it carries the responsibility for directing, subject to the approval of the Board of Directors, the services offered by its particular group. Periodic reviews of bills rendered to the association, each group reviewing its own, have helped to keep the professional groups abreast of any new developments in the association's practices or policies.

Services: Type, Adequacy, Cost

Physician and Surgeon - Membership in the Association entitles one to calls at the physician's office, professional visits to the member's home in case of illness serious enough to prevent the person from leaving his home, and calls to the hospital should the member be confined there by the physician's orders.

Since its initiation, the association has been handicapped by a lack of physicians. At the time the association began to operate there were 10 practicing physicians in the county for a total of 20,777 people, or 1 physician for every 2,077 persons. This is more than twice the minimum ratio of 1 physician for 1,000 persons recommended by the American Medical Society. Later, 2 went into the armed services and 1 died. One full-time physician-surgeon has moved in, but has since withdrawn from the association.

At the time of survey, only 4 physicians in the county were considered as doing full-time practice. One did minor and some major surgery; the other did a wide range of surgical work.

That there was little hesitancy on the part of the members to use the physician services offered through the association is amply demonstrated in table 5. Of 89 families holding membership in the association who were interviewed, only 8 had not visited the family physician.

Table 5. - Participation by households, in services of the Association, by type of service, for first 12 months of project for 89 sample families

	Calls to and from physicians				Days hospitalized	
	Office	Home calls		Hospital		
Frequency	calls	Day	Night	calls		Drugs
0	8	39	82	83	67	10
1 - 2	16	27	6	3	9	15
3 - 4	4	14	0	1	8	8
5 - 9	28	8	1	2	4	22
10 - 14	19	1	0	0	1	15
15 - 24	11	0	0	0	0	13
25 and over	3	0	0	0	0	6
Total	89	89	89	89	89	89

Almost half of the families, 28, had made from 5 to 9 visits to the physician's office and 33 (one-third) of the families had made 10 or more calls. What this means in the farm-family budget is obvious when it is remembered that the average annual fee was only a little more than $11. Home calls from the physician were less frequent since all patients were instructed to call at the doctor's office if physically able to do so. But despite this limitation, more than one-half of the 89 sample families had received home calls. Six of the 89 families had received hospital care. Receiving drugs was the most frequent service used; only 10 families failed to make use of it during the year and 19 of the families had used it 15 times or more.

Thus, in spite of the difficulties confronting the health situation in the county as a result of the war, families belonging to the association are apparently receiving more adequate medical care than ever before. To secure a comparison between services rendered under the first 12 months of the association's operation and the 12 months preceding membership, these 89 member families were asked to give certain health-service data for each of the periods. Despite a certain degree of memory bias that must enter into such procedure, the following figures gives a comparison not obtainable in any other way.

During the first 12 months of the association's operation, the 89 families who were interviewed made 765 calls to a doctor's office. For the prior 12 months, they made 329 or little more than half as many (table 6).

For the same periods, home calls decreased from 205 to 162. This change is in the direction long desired by the medical profession who prefer to have the people come to their offices.

Table 6. Services of physician for prior year and first 12 months of Association

Service	Total	Average per household
Office calls		
Prior year	329	3.7
First year Association	765	
Home calls		
Prior year	205	2.3
First year Association	162	

Dentist - Membership in the Association entitles all children under 16 years of age to complete dental care. Those over 16 are entitled to receive emergency treatment and care of infected gums. All are allowed extractions. In case money allocated to the dentists is more than adequate for the above, the surplus may be used for certain types of additional work for adults.

There are three full-time dentists in the county. Obviously, these three dentists cannot perform all the dental service needed. Both members and dentists, however, maintain that they have been able to take care of the dental work required for all children under 16 years old of the 861 families belonging to the association in October 1943. At any rate, the member families are probably receiving dental services they have never had before (table 7).

Records kept by the manager of the Association show that, for the 89 families, association dentists cleaned 39 sets of teeth during the first year as compared with 4 for the year before. Fillings increased by more than 100 percent. This is an encouraging record not only in terms of needed service performed but in terms of educational value to people as well. Many of these individuals had never been in a dentist's chair before.

Table 7. - Per family dental service of 89 sample families for prior year and first year of association

Kind of service	Prior year	First year of association
Extractions	212	115
Fillings	71	160
Prophylaxis	4	39
Periodontal	1	12
X-ray	0	1

Nurse - The arrangement of nursing services for member families is somewhat unique. Funds for the first year of the association's operation provided for two full-time nurses but they were both assigned to the Public Health Service. This assignment was the result of a decision by Public Health and Association officials that member families would receive more adequate care by service from a common county nursing pool which included the two association nurses than if the services of these two nurses were limited to association families. Working with Public Health would also enable the nurses to work under the supervision of a physician. This arrangement gave the Public Health Service 6 full-time nurses - 2 financed through the association

and 4 by the Public Health Service - enabling it to service more effectively, not only association families but all families of the county.

This increase in staff of the County Health Department has been amply reflected in the organization's service to the county. Figures for some of the more measurable services were taken from the records of the County Health Department. In order to have comparable figures, services were charted for the first 8 months of the association and for the 8 months preceding. The results are as follows.

Immunizations - Under the association, 4899 typhoid innoculations were given for the first 8 months of the association's existence as compared with 4,132 for the 8 months preceding. The number of diphtheria immunizations increased from 181 to 577, and the number of smallpox immunizations from 159 to 1,257. For a total, the increase was more than 2,000 or from 4,476 to 6,733 (table 8).

Table 8. - Immunizations given by County Public Health Department for 8 months preceding Association and first 8 months of Association

Type	Number of immunizations for 8 months	
	8 months preceding Association	First 8 months of Association
Typhoid	4,136	4,899
Diphtheria	181	577
Smallpox	159	1,257
Total	4,476	6,733

Maternal Care - The number of patients admitted to the maternity service of the County Health Department increased from 96 cases for the 8 months preceding the association to 197 for the first 8 months of the association. This was more than a 100 percent increase. The increase of patients admitted to post-partum service was even more - from 72 to 189 - (table 9).

Table 9. - Comparison of number of maternity patients admitted to clinical service of County Health Department for 8 months preceding Association and first 8 months of Association

Admitted to	Number for 8 months preceding Association	Number for First 8 months of Association
Maternity service	96	197
Post-partum service	72	189
Total	168	386

Other services - There were increases in other types of service offered by the County Health Department with the addition of the two nurses. Treatments for venereal disease for the 8 months before the addition of the two nurses totaled 1,803 as compared with 4,398 treatments for the first 8 months of the association's life. Visits to home of tubercular patients increased from 362 to 571, and the number of miles traveled on duty increased from 19,588 to 32,614 (table 10).

Table 10. - Comparison of other services of County Health Association for 8 months preceding Association and first 8 months of Association

Service	8 months prior to Association	First 8 months of Association
Venereal disease treatments	1,803	4,398
Home visits to patients with tuberculosis	362	571
Total miles driven on duty	19,588	32,614

Another interesting comparison is the number of pre-school children admitted to the service of the Public Health Department. For the 8 months preceding the Association, 322 were admitted. For the first 8 months of the Association, the number increased to 434 (table 11).

Table 11. - Comparison of services to school and pre-school children, by County Health Department, for 8 months preceding Association and first 8 months of Association

Service	8 months prior to Association	First 8 months of Association
Pre-school children admitted to service	322	434
School children admitted to service	409	725
Inspections of school children	512	2,386

The number of school children admitted to service increased from 409 to 725, and the inspections of school children jumped from 512 to 2,286 (see tables 10 and 11). It can be seen that many of the increases are greater than the addition of the two nurses proportionately would warrant. Thus, by this arrangement, not only have families belonging to the association received greatly increased service but the entire population of the county as well.

Druggist - Securing an adequate working arrangement with the druggists has been one of the most difficult problems faced by the association. As explained earlier, each of the professional groups has been expected to receive less than 100 percent for their services. This, the druggist maintains, is unfair since they are dispensing merchandise, whereas the others are dispensing service only. This argument has been used consistently to secure a larger monthly fund, although during the first year of the association's operation, the percentage of the drug bill paid each month by the association ranged from 81 to 100 percent of all bills rendered.

Absence of a pharmaceutical survey to determine basic information on drugs, costs, etc., has made it possible for the management to evaluate statements of the druggists that a percentage on drugs is inadequate. As the manager expressed it "since we don't know what the cost of these drugs are, we have no way of knowing whether paying 80 percent of the bills is putting money into or taking it out of the druggist's pocket."

Hospital - The hospital in the county has fared best of all in the allocation of funds. According to records available in the office of the manager, the hospital bills contracted by the association were paid 100 percent in 1943. Part of this has been deliberate on the part of the manager and the Board of Directors. Recent increases in the facilities of the Walton County Hospital, in part sponsored by the

Association, have made it mandatory that the Association support its program financially to the fullest extent.

The hospital has a Negro as well as a white ward. Furniture is being installed by individual gift contributions. The Negro ward is well under way toward being furnished -- the result of a very active campaign in the county for contributions by all Negroes.

Attitudes and Attitude Changes

Professionals - In addition to studying the secondary materials available from the office of the manager, numerous members of the association and of the local professional groups were interviewed one or more times in order to learn what they were thinking as to the way in which the association was developing and what changes they could suggest for improvement. Their attitudes are incorporated in the following pages.

The Physicians - In general, the attitudes of the physicians toward the program were favorable. All were agreed that member families were receiving more adequate medical care than ever before. Two of the 5 physicians interviewed were very favorable toward the assignment of the association's nurses to the Public Health Service. The major effects of this greater nursing service on the county health situation are deemed by these physicians to be three: (1) families are getting more nurse attention, (2) they are bringing attention of physicians to special cases, and (3) they are doing a great deal of the less skilled or the detail work and thus relieving the doctors to care for the more serious cases.

Professional jealousies, the paramount problems in the entire program, seem to be far stronger among this group than any other. Overt conflict has barely been avoided in many instances. Particular difficult has been encountered in maintaining working cooperation between what has been referred to as the old and new line of medical practice. Revolt has continuously been brewing since the recent acquisition of a well-trained surgeon. Skilled in the techniques of modern medical practice, equipped with such "urban" equipment as an electro-cardiograph, X-ray, and a laboratory assistant to operate them, he was quickly the brunt of criticism from part of the local medical staff. Not only was this type of practice criticized, but when patients flocked to this physician in increasing numbers, real and ill-concealed antagonism toward him developed from other physicians. He was accused, along with others, of "riding the association to death." "Look at his bills," they would complain to most anyone who would listen, "he's trying to corner all the funds."

Most of the physicians, in evaluating the association, complained that the funds allocated to the doctors were inadequate. Only one maintained that he was collecting as much from member practice as he would otherwise. In fact, he offered the information that "if I can collect 50 percent of my bills in normal times, I am doing all right." The percentage paid on doctors' bills during the calendar year 1943, dropped no lower than 50 percent for any one month.

Dentists - The dentists cooperating with the Association have few complaints as to how the program is operating. Collection on bills submitted for dental service has been good. In no month during calendar year 1943 did the percentage drop below 84 and for several months it was 100 percent. The average for the year was 98 percent paid on all bills submitted.

Nurses - The nurses were no more than mildly critical of the problem. Neither of the two association nurses objected to working under the direction and directly as a part of the County Health Department. In fact, they were pleased to have the opportunity of working with their own group and as a part of an already established organization.

Criticism of the program was directed at the dearth of young trained doctors in the county. One nurse said, "only one of the physician-surgeons" could actually do a steady, safe, and technical operation.

Druggists - The druggists were unanimous in saying that inadequate funds had been allocated for drugs. As mentioned earlier, the stock argument of the drug people was "We dispense our own merchandise. If someone fails to pay us, it is for something bought with our money. With physicians, it is different." Each druggist has a solution to offer, each somewhat different from the others. The most common solution, however, was to have a member pay out of his pocket a certain percentage of the cost for each prescription. This, as one of the doctors expressed it, would "put a little reciprocity into it." Such a scheme, the druggists and many others agreed, would "keep the people who aren't sick but looking for something for nothing away from the physicians."

Hospital Staff - The administrative officials and technical persons assigned to the hospital staff were enthusiastic in their praise for the new hospital. All gave credit to the Association as a financial aid and an excellent reason for increasing the size of the local hospital and improving its facilities. All are pleased with the development of hospital facilities for Negroes. In 1942, there were only 14 hospital beds in the county for whites, none for Negroes. In 1943, there were 35 beds for whites and 9 for Negroes.

Members - After a review of secondary source materials and numerous conversations with officials and lay leaders in the county, some 89 (slightly more than 10 percent) of the member families were visited in order to learn what they thought of the new health program and what suggestions they might have, if any, for the improvement of the association's program.

As indicated earlier, there was a regrettable lack of understanding on the part of member families as to the objectives and organization of the health association, and just what it was designed to do. This impression is substantiated by the data in table 12. Of 90 answers to the question "Who runs the association?" 60 percent answered "Don't know." Some of them had a hazy idea; others just couldn't recall the name, but most of them gave a blunt "don't know" without any attempt to guess.

This lack of information was even more pronounced among the Negroes. Of 13 family heads asked the question, 4 answered correctly and the remaining 9 said "don't know." But regardless of the widespread lack of knowledge of details, member families are "sold" on its program. Almost universally they say that "this is one of the best things that has ever come to Walton County."

Table 12. - Responses of 89 sample member families to question - "Who 'runs' the Association?"

Type of authority	Total		White		Negro	
	Number	Percent	Number	Percent	Number	Percent
Manager	33 1/	36.7	29 1/	37.7	4	30.8
Physicians	0		0		0	
FSA	0		0		0	
Extension	0		0		0	
Board of Directors	2 1/	2.2	2 1/	2.6	0	
Members	0		0		0	
Don't Know	54	60.0	45	58.4	9	69.2
Other	1	1.1	1	1.3	0	
Number Answers	90 1/		77 1/		13	

1/ One household gave two answers.

Only a few of the families were not satisfied with the service they were receiving (table 13). Almost 98 percent of the families said that services under the association had been rendered promptly, or at least as promptly as could be expected under war conditions, and the present roads in the county. It is interesting that 100 percent

of the Negro families said that services had been rendered promptly. They reported that they had received as much medical care under the program as they had expected. Just less than 95 percent of the white families gave an affirmative response to that question. Less than 6 percent of the interviewed families thought there had been favoritism in the operation of the program. Of the 5 families that thought there has been, 4 were white and 1 was Negro.

Apparently the members are fairly well pleased with the way the association is now being managed. All but 7 of the 89 sample families said they were. All believed that the association should reach more people. Several owners (large) said that "more" tenants and laborers should belong, but that large owners should "pay their own bills." This aspect of the program is discussed in the next chapter.

Table 13. - Responses (yes or no) of members of the Walton County Health Association to specific questions on function and organization of Association

Question	Total				White				Negro			
	Yes		No		Yes		No		Yes		No	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Changed doctors since joining the Association?	39	43.8	50	56.2	33	43.4	43	56.6	6	46.2	7	53.8
Were services under Association rendered promptly?	86 1/	97.7	2	2.3	73 1/	97.3	2	2.7	13	100.0	0	0
Receiving as much medical care as expected?	85	95.5	4	4.5	72	94.7	4	5.3	13	100.0	0	0
Do you think there is favoritism in the program?	5 1/	5.7	83	94.3	4	5.3	71	94.7	1	7.7	12	92.3
Should the Association reach more people?	88 1/	100.0	0	0	75 1/	100.0	0	10	13	100.0	0	0
Should any changes be made in the management of the Association?	7	7.9	82	92.1	7	9.2	69	90.8	0	0	13	100.0
Do you know the manager of the Association?	32	36.0	57	64.0	28	36.8	48	63.2	4	30.8	9	69.2

1/ One did not answer.

Summary

The Walton County Agricultural Health Association is a part of a larger project designed and sponsored by the Inter-Bureau Committee on postwar planning to improve health and sanitation among farm families in the United States. It was begun during war times when professional personnel was at a minimum among civilians and when farm incomes were more nearly adequate than ever before to pay cash for medical service. It has, however, lived for a substantial period, has expanded its general services, and has had active support.

Operation of the experiment in Walton County, Ga., was begun on November 1, 1942. Conscious and definite effort had been given to securing the support of old organizations and institutions of the county, the leaders of which were quick to accept major responsibility for seeing that the proposition was "sold" to the people. Probably under no other arrangement could the program have been accepted so quickly.

Broadly, the objectives of the program were to make available to the families (1) general practitioner care, (2) essential drugs, (3) essential surgeon and specialist care, (4) complete dental care for all children under 16 years of age, (5) essential home nursing by trained personnel, and (6) hospital care for the more serious illnesses.

Membership was contingent upon payment of an annual fee adjusted according to the net income of the family. In no case was a family to pay more than $50. Those who paid less than $50 (those who had net incomes 10 percent of which was less than $50) had their payments supplemented by the Farm Security Administration to the extent that each family membership represented $50 in the treasury of the association. The total of all annual payments was divided into 12 equal parts, each part being set aside for a specific month's expenditure. Bills submitted for service or drugs in excess of the monthly figure was prorated among the different services.

Authority for the program is vested in a Board of Directors elected by the members. To date, this board has consisted of leaders in existing county organizations. General supervision of operations of the Association and all fiscal matters are delegated to a manager who was appointed by the Board of Directors and is paid from association funds.

All persons in the county who derive the major part of their income from farming are eligible for membership. As yet a disproportionate number of the members are white. There is a marked concentration of memberships among the small operators.

Member participation in the development of association organization and policy has been at a minimum. The Association has been "sold" to the people who have accepted it pretty much as given to them. Attitudes of the various professional groups in the county toward the association are generally favorable. Criticisms of the association are mostly limited to those specific phases of the program that are considered to affect adversely the economic interests of the group to which the critic belongs.

By and large the members of the association favor the program. This group is almost unanimous in saying that complete medical attention is available to them on no other basis. They have doubts only in regard to costs that must be provided from a meager cash income.

Family participation in each type of medical service has increased under the program. For the county as a whole, immunizations in the county for the first 8 months of operation of the program and for the 8 months just preceding the program increased from 4,476 to 6,733; maternity patients admitted to clinics from 168 to 386, and treatments for venereal disease from 1,803 to 4,398. For sample families during the first 7 months of the life of the association and the 12 months just preceding, office calls to doctors increase from 309 to 765.

The worth of research and analysis is in direct proportion to its contribution to existing knowledge. When research techniques are applied to a situation or a process, it is often necessary for the analysis to be more than cross-sectional. The historical aspects may be equally important. At least, once the historical aspect is know, it is possible to evaluate the process or situation in terms of its operational efficiency and in terms of its effect upon the general situation of which it becomes a part.

This analysis has included not only the present operational aspects of the program but something of its history as well. It is hoped that the results may be of use in pointing up certain defects that need attention and in indicating guidance for other programs of this nature that may be begun in the postwar years. That these two purposes may be definitely achieved, it is deemed desirable to emphasize in a few short paragraphs certain points for consideration by those responsible for the present program and for those interested in initiating new ones.

Conclusions and Recommendations

Securing the early cooperation of county agencies, and organizations, and their leaders was one of the important early steps taken in insuring the acceptance of the Agricultural Health Program in Walton County. It is very probable that in no other way could the program have been accepted so promptly. Apparently, the program was accepted even before it was generally understood.

The careful selection of the first Board of Directors was sound. These men were leaders in the county and were recognized as such by the farm people.

Aiming the program at the farm population rather than at a particular group or groups in the farm population has been important in achieving two desirable ends: (1) the inclusion of all farm groups irrespective of color or economic status, and (2) allowing professional groups ample latitude to criticize, modify, or otherwise influence the program so long as this does not interfere with the financial structure and operational efficiency of the organization.

To date, emphasis has been upon curative rather than preventive aspects of medicine. Greater emphasis upon how to prevent illness, rather than upon how to cope with it after it has occurred, might contribute substantially to alleviation of the now heavy service load of the professional group. The program might profitably encompass such related fields as diets, nutrition, and sanitation. It would obviously work in cooperation with such county agencies as the Extension Service, Public Health, Public Welfare, and the public schools.

A very desirable job of educating local leaders regarding the association was accomplished, but much more should be done. This perhaps is the most difficult but the most important problem confronting the Association. It is difficult because of the number of people involved, the distances that separate them, the lack of communication, and the lack of many facilities that are generally conceded to make democratic solution of problems simple and of least effort. It is the most important because of the seeming paradox of greatest need among those who hesitate most in accepting it. But "the greatest need for medical treatment and the greatest resistance to it is to be expected from the lower class." 15/

15/ Charles P. Loomis, a Cooperative Health Association in Spanish Speaking Villages, American Sociological Review, April 1941, Vol. 10, No. 1, P. 150.

To meet this need it is suggested that a special educational fund be set aside from the regular budget. With a part of this money the association could circulate periodically a small news sheet. It should be issued in a series so that the file would eventually carry a complete description of the organization and its program. The first news sheet could give the names and working addresses of the manager, Board of Directors, and all professional personnel attached to the association. Following this should be one or more news sheets devoted to the services to which the members are entitled. Once the association and program have been carefully explained and the essential facts given, the news sheet could devote itself mainly to current topics of interest to the association with a column or section given over to some aspect of preventive medicine. Then there might well be local meetings at which Board members or professionals would explain some interesting phase of the program and members would be given a chance to ask questions.

Funds should be provided for the manager of the Association to go around the county so that he may familiarize himself with the people, their economic and social problems, and what they are thinking of their Association and its operation. In no other way will he be able to know how well the program is meeting the needs of the people whom the program was designed to serve.

The arrangement by which two nurses are paid by the association but are assigned to the Public Health Service to take their part in a county-wide program has been highly satisfactory. Under this arrangement Association families have received satisfactory nursing service and the nurses have the advantage of working as part of a larger professional group.

The modern hospital in the county has been an asset to the program. It enabled the association to make immediate use of its service. Otherwise funds now allocated for other services would necessarily have been used to provide hospital facilities.

There is some feeling in the county that the Association is a form of relief rather than a cooperative farmer organization. This can be avoided to a considerable extent by continuing and increasing the membership among the more prosperous farm families. Every effort should be made to prevent the development of a general attitude that the Association is for "poor" farm families rather than for "all" farm families.

Periodic studies should be made of the standing of and of the progress being made by the association in the county. The findings should make it possible to prevent the development of an organization that operates without adequate consideration of the actual and felt needs of the people it is designed to serve.

There is little doubt that the success of such a project as the Walton County Agricultural Health Association may depend upon the experience and ability of the manager. He is likely to be the only person who has a thorough knowledge of the Association. It is his task to mediate between the different professional groups when questions involving them arise - and they are almost sure to develop. He is usually in a better position than any other to judge whether funds delegated to a particular professional group are adequate and in line with what others are receiving. Administratively he operates under the auspices of a Board of Directors but by weight of his knowledge of the organization, he can influence the Board immeasurably in its decisions. He must be able to appraise the program in terms of how well it is meeting its objectives. Failure on his part to accomplish any one of these tasks is to weaken the chain of the association in such a way that it would break under serious strain.